The Unmet Health Care Needs of Homeless Adults


Study Overview

Objective. To determine the prevalence and predictors of past-year unmet need for 5 types of health care services in a national sample of homeless adults.


Setting and participants. Study participants were representative of over 700,000 homeless adults seeking health care in federally funded HCH programs. 30 HCH grantees were sampled using a probability-proportional-to-size technique; face-to-face interviews were conducted at 79 clinic sites that were operated by the 30 HCH grantees. Participants who were interviewed received care at the HCH clinic at least once in the year prior to the survey. 1444 participants were selected for the study, and of these, 1017 completed the interviews (70%). Analysis was restricted to 966 participants who were 18 years or older, representative of a weighted population of 436,000 adult HCH users nationally.

Main outcome measures. The main outcome measure was past-year unmet need for medical or surgical care, prescription medications, mental health care or counseling, eyeglasses, and dental care. Unmet need was assessed using the question, “During the past 12 months, was there a time when you wanted medical care or surgery but could not get it at that time?” The study used the Gelberg-Anderson behavioral model for vulnerable populations as a conceptual framework for their analysis, and viewed access to care as a function of predisposing, enabling, and need factors. Predisposing factors were those that increased the likelihood of seeking health care; enabling factors were those that enabled or impeded access to health care; and need factors were health conditions that required medical attention.

Main results. The weighted sample of HCH adults was 58.2% male, 39.2% non-Hispanic white, and 38.1% non-Hispanic black. Among other predisposing factors, 23.8% had a history of out-of-home placement as a minor and 55.3% had 2 or more episodes of homelessness lasting 30 days or more. Among enabling factors, 59.5% were uninsured and 25.4% were food insufficient. Among need factors, 45.9% had 2 or more medical comorbidities and 31.1% reported dental problems. Overall, 31.9% reported an unmet need for medical or surgical care, 36.2% for prescription medications, 20.8% for mental health or counseling, 40.9% for eyeglasses, and 40.6% for dental care. Out-of-home placement, food insufficiency, and past year employment were associated with increased odds of unmet need for medical or surgical services and prescription medications. Past-year employment was significantly associated with lack of insurance coverage (adjusted odds ratio, 2.05 [95% confidence interval, 1.43–2.94]), and increasing duration of employment was associated with higher odds of being uninsured. Lack of insurance was associated with an unmet need for all types of care except for dental services. Vision impairment was associated with an unmet need for mental health, eyeglasses, and dental care. Subgroup analysis on adults with 1 or more medical comorbidities (n = 754) identified the same predictors for unmet need for medical or surgical care and prescription medications as in the overall sample.

Conclusion. In this nationally representative sample of homeless adults engaged in health care, there was a significant overall unmet need for health care. Predictors of unmet need were lack of insurance, past-year employment, food insufficiency, out-of-home placement as a minor, and vision impairment. These findings point towards the importance of expanding health care insurance coverage for homeless adults and highlight the unique circumstances that homeless adults face in accessing health care.

Commentary

Previous studies have shown that homeless adults face barriers to receiving health care and have rising unmet needs for medical care [1–4]. Lack of insurance, long waiting times in clinics, severe illness, and financial constraints are some of the factors that are associated with unmet need for health care in homeless adults [2–4].

This study adds to the current literature by evaluating unmet needs across multiple dimensions of health care in a nationally representative sample of homeless adults. The authors found that three-fourths of the participants had at least...
This study has other limitations. Inferences of causality cannot be made given the cross-sectional analysis. The findings from this study cannot be generalized to homeless adults not engaged in care in HCH clinics, and may represent an overall underestimate of unmet needs for health care in homeless adults.

Applications for Clinical Practice

In the setting of robust evidence that access to health insurance may decrease the burden of unmet need for health care, expanding health insurance coverage to the working poor is important to prevent delays in seeking health care. Beyond health insurance, strategies that improve access to health care in homeless adults by accounting for the competing needs of food and shelter are needed. Increasing awareness among health care providers about the difficulties that foster youth face in transitioning into the community, and providing additional life-skills training may help improve outcomes for this growing population. Developing a coordinated system of care that encompasses vision and dental services may further decrease barriers to care in this population.

—Review by Maya Vijayaraghavan, MD

References